| Effectiv December 8, 2004 09/554469                  |   |   |            |                                   |               |                  |    |  |                        |     |  | 64                      |  |
|--|---|---|------------|-----------------------------------|---------------|------------------|----|--|------------------------|-----|--|-------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)       |   |   |            |                                   |               |                  |    | SMALL ENTITY OTHER THAT TYPE OR SMALL ENTITY |                        |     |  | R THAN                  |  |
| Ţ  | OTAL CLAIMS   | }<br>_•                                   | ·_         |                                   |               |                  |    | RATE   | FEE                    | 7   | RATE   | FEE                     |  |
| FOR  |   |   | NUMBER     | FILED.                            | NUMBER EXTRA  |                  |    | BASIC FE                                     | <del></del>            | OB  |  |                         |  |
| Ť  | OTAL CHARGE   | ABLE CLAIMS                               | 52 m       | inus 20=                          |               |                  |    | X\$ 25=                                      |                        | 7   | Yese   |                         |  |
| INDEPENDENT CLAIMS                                   |   |   | minus 3 =  |                                   | •             |                  |    |  | <del>- </del>          |     | <del>                                     </del> | · · · · · ·             |  |
| ı  |   | NDENT CLAIM P                             |            |                                   | <del></del> - |                  |    | X100=  | <del> </del>           | OR  | X200=  | <b></b>                 |  |
| ٠,   | the difference  | in column 1 ic                            | <u> </u>   |                                   |               | echiero O        |    | +180=  |                        | OR  | +360=  |                         |  |
| *If the difference in column 1 is less than zero, er |   |   |            |                                   |               | column 2         |    | TOTAL  |                        | OR  | TOTAL  |                         |  |
| ما   | CLAIMS AS AMENDED - PART II. (Column 1) (Column 2) (Column 3) |   |            |                                   |               |                  |    | SMALL  | .ENTITY                | OR  | OTHER<br>SMALL                                   |                         |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER           | PRESENT<br>EXTRA |    | RATE   | ADDI-<br>TIONAL<br>FEE | -   | RATE   | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total   | . 52                                      | Minus ·    | -5                                | <u>a</u> _    | - /              |    | X\$ 25=                                      | 1                      | OR  | X\$50=   |                         |  |
|  | Independent   | 1. 4                                      | Minus      | - C                               | P             | -                |    | X1.00=                                       | 17:                    | OR  | X200=  |                         |  |
| <u></u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |            |                                   |               |                  |    |  | 11                     | 1   | +360=  |                         |  |
|  |   |   |            |                                   |               |                  | L  | +180=  |                        | ORY | TOTAL  |                         |  |
|  | (Column 1) (Column 2) (Column 3)                              |   |            |                                   |               |                  | A  | ADDIT. FEE                                   |                        |     |  |                         |  |
| AMENDMENT B  |   | CLAIMS REMAINING AFTER                    |            | HIGHE<br>NUMB                     | ST<br>ER      | PRESENT          | lΓ | RATE   | ADDI-<br>TIONAL        | ] [ | PATE   | ADDI-<br>TIONAL         |  |
|  | <del></del>   | AMENDMENT                                 |            | PAID F                            |               | EXTRA            |    |  | FEE                    | 1 1 | HAIE   | FEE                     |  |
|  | Total   | •   | Minus      | **                                |               | =                |    | X\$ 25=                                      |                        | OR  | X\$50=   | į                       |  |
|  | Independent   | ATTON OF MU                               | Minus      | CALDEAUX.                         | 24 414 4      | <u> </u>         |    | X100=  | ÷.                     | OR  | X200=  | ·                       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |   |            |                                   |               |                  |    | +180=  |                        | 1   | +360=  |                         |  |
|  | •   |   |            |                                   |               |                  | L  | TOTAL  | <u> </u>               | OR  | TOTAL  |                         |  |
|  | ••  | <b>10-1</b> 11                            | •          |                                   | <b></b>       |                  | A  | OT. FEE                                      | <u> </u>               | OR. | ODIT. FEEL                                       |                         |  |
| ပ  | <del></del>   | (Column 1)<br>CLAIMS                      |            | (Colum<br>HIGHE                   | ST            | (Column 3)       |    | · · · · · · · · · · · · · · · · · · ·        |                        |     |  |                         |  |
| AMENDMENT (  |   | REMAINING<br>AFTER<br>AMENDMENT           |            | PREVIOL<br>PAID FO                | JSLY          | PRESENT<br>EXTRA | ŀ  | RATE   | ADDI-<br>TIONAL<br>FEE | .   | RATE   | ADDI-<br>TIONAL'<br>FEE |  |
| 2  | Total   | •   | Minus      | *                                 |               | •                | Γ, | <b>K\$</b> 25=                               | ٠                      | OR  | X\$50=   |                         |  |
| ¥  | Independent   |   | Minus      | ***                               |               | 2                |    | X100=  |                        |     | X200=  |                         |  |
|  | FIRST PRESE   | NTATION OF MU                             | LTIPLE DEP | ENDENT (                          | CLAIM         |                  | F  |  |                        | OR  |  |                         |  |
|  |   |   |            |                                   |               | •                |    | 180=   |                        | OR  | +360=  |                         |  |
|  |   |   |            |                                   | •             |                  |    |  | •                      |     |  |                         |  |
|  | •   |   | •          |                                   |               |                  |    | •  |                        | ٠   |  | .]                      |  |

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